

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

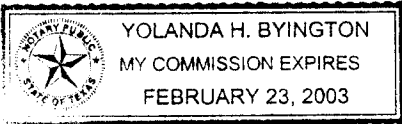
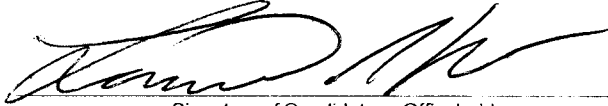
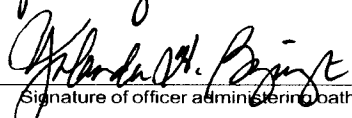
FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI MR LAWRENCE G		OFFICE USE ONLY Date Received: Date Hand-Delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged		
	NICKNAME LAST SUFFIX ROMO				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE: 2906 Wood Knoll SAN ANTONIO, TX 78251				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI MR JOHANNY		OFFICE USE ONLY Date Received: Date Hand-Delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged		
	NICKNAME LAST SUFFIX REYES JR.				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE: 7585 Ingram Road # 308, San Antonio, TX 78251				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 681-0080				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 16 / 01 01 / 05 / 02				
10 ELECTION	ELECTION DATE Month Day Year 05 / 03 / 03		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
	11 OFFICE OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) City Council, District 6		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••</p>				
	Name				
	Address / PO Box: Apt / Suite #: City: State: Zip Code				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Lawrence G. Romo		15 ACCOUNT # (Ethics Commission filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<small>** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</small>		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 250.00
OUTSTANDING LOAN TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES		\$ 300.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$
19 AFFIDAVIT <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;">  </div> <div style="width: 65%;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="text-align: center; margin-top: 20px;">  Signature of Candidate or Officeholder </div> </div> </div> <p style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said Lawrence G. Romo, this the 14th day of January, 2002, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;">  Signature of officer administering oath </div> <div style="width: 30%;"> Yolanda H. Byington Printed name of officer administering oath </div> <div style="width: 30%;"> Notary Title of officer administering oath </div> </div>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

1
Aug
01

5 Full name of contributor

☐ out-of-state PAC (ID#:

IBEW # 500

6 Contributor address; City; State; Zip Code

1125 15th St NW
Washington DC 20005

7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Lawrence G. Romo</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2 AUG 01</i>	5 Payee name <i>LAWRENCE G. ROMO</i>	7 Amount (\$) <i>\$ 200.00</i>
6 Payee address; City; State; Zip Code <i>2906 Woodland SAN ANTONIO, TX 78251</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Partial Reimbursement of LOAN FROM 6 DEC 00</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3 AUG 01</i>	Payee name <i>CONGRESSMAN GONZALES ROAST</i>	Amount (\$) <i>\$ 100.00</i>
Payee address; City; State; Zip Code <i>301 FAIR Suite 164 San Antonio, TX 78207</i>		
Purpose of payment (See instructions regarding type of information required.) <i>FUNDRAISER</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

7001 JUL 11

A 11:34

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE MR FIRST LAWRENCE MI G.
NICKNAME LAST ROMO SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
2906 WoodKnoll
SAN Antonio, TX 78251

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE MR FIRST JOHNNY MI
NICKNAME LAST REYES SUFFIX JR.

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
7585 INGRAM Road # 308 SAN Antonio, TX
78251

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 681-0080

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (if officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (After C/OH - 1)

9 PERIOD
COVERED

Month Day Year Month Day Year
04 / 25 / 01 THROUGH 07 / 06 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

District 6, City Council

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

COVER SHEET PG 2

 RECORDED
CITY OF SAN ANTONIO
CLERK

14 C/OH NAME

Lawrence G. Romo

15 ACCOUNT # (Ethics Commission filers)

2001 JUL 11 A 11:34

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 945.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

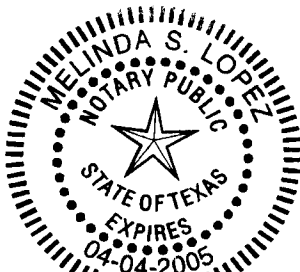
\$ 1032.31

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Lawrence Romo, this the 11th day of July, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, S, C/OH,
SPAC, & SPAC-SS)

2001 JUL 11 AM 11:34

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME Lawrence G. Romo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 27 Apr 01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICIA NEWADA	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4910 Legend Heights SAN ANTONIO, TX 78253			
9 Principal occupation (Optional) Non-Profit		10 Employer (Optional)	
Date 30 APR 01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alex Dudek	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1869 W. Thompson SAN ANTONIO, TX 78226			
Principal occupation (Optional) Military		Employer (Optional)	
Date 30 APR 01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pete Mulhearn	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1903 Elsworth SAN ANTONIO, TX 78248			
Principal occupation (Optional) ENGINEER		Employer (Optional)	
Date 2 MAY 01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rex Evans	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8601 Culebra SAN ANTONIO, TX 78251			
Principal occupation (Optional) Business Owner		Employer (Optional)	
Date 2 MAY 01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gil Coronado	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 309 Gladia SAN ANTONIO, TX 78213			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, S, C/OH,
SC, SPAC, & SPAC-SS)

2001 JUL 11 AM 11:34

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Lawrence G. Romo</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2 MAY 01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Pedro Cardenas</i> 6 Contributor address; City; State; Zip Code <i>210 Halbart SAN ANTONIO, TX 78213</i>	7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) <i>Veteran Rep</i>		10 Employer (Optional)	
Date <i>4 MAY 01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>COCA-COLA Enterprises INC</i> Contributor address; City; State; Zip Code <i>Employee Nonpartisan Comm for Good Govt PO Box 1213040 Atlanta GA 31139</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>24 MAY 01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CWA COPE</i> Contributor address; City; State; Zip Code <i>501 3rd St NW Washington, DC 20001</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2001 JUL 11 AM 11:34

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

LAWRENCE G. ROMO

4 Date

27

APR

01

5 Payee name

Ideas Unlimited

6 Payee address; City; State; Zip Code

5213 BANDERA ROAD
SAN ANTONIO, TX 78238

7 Amount (\$)

\$336.18

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Advertisement Piece (PRINT)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2

MAY

01

Payee name

John Reynolds

Payee address; City; State; Zip Code

8603 Timberwest
SAN ANTONIO, TX 78250

Amount (\$)

\$300.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Mailing List

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

6

MAY

01

Payee name

UFW Post 8910

Payee address; City; State; Zip Code

8373 Culebra Rd
SAN ANTONIO, TX 78251

Amount (\$)

\$300.00

Purpose of payment (See instructions regarding type of information required.)

Room Rental

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
1 Total pages Schedule G:
OF 1

2 FILER NAME

Lawrence G. Romo

2003 ACCOUNT # (Ethics Commission filers)
JUL 11 AM 34

4 Date

4
MAY
01

5 Payee name

SAM'S CLUB

6 Payee address; City; State; Zip Code

8 Amount
(\$)

\$101.13

7 Purpose of expenditure (See instructions regarding type of information required.)

Food / Drink for Campaign Workers

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers) 200 APR 26 P 12:33 33 pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE			Date Received		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST	SUFFIX	Receipt #	Amount	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE			Date Processed		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after c. high treasurer appointment (only holder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Initial report (Attach C/OH - FR)					
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04/03/01 04/25/01					
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..					
	Name					
	Address / PO Box, Apt. / Suite #, City, State, Zip Code					
<input type="checkbox"/> additional pages						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

RECEIVED
CITY OF SALEM
CITY CLERK

FORM C/OH
SHEET PG 2

14 C/OH NAME

Lawrence G. Romo

2001 APR 26 12:33

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

3865.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5495.65

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Lawrence G. Romo, this the 26 day of Apr, 2001, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED SCHEDULE A 1
CITY OF SAN ANTONIO
CITY CLERK
H, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 26 P 12:33

Total pages this Schedule A1:

2 FILER NAME

LAWRENCE G. ROMO

3 ACCOUNT # (Ethics Commission filers)

4 Date

09
APR
01

5 Full name of contributor

☐ out-of-state PAC (ID#:

GERRY COUVILLION

6 Contributor address; City; State; Zip Code

8242 Shooting Quail
SAN ANTONIO, TX 78250

7 Amount of contribution (\$)

\$30.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

HUMAN RESOURCES

10 Employer (Optional)

Date

09
APR
01

Full name of contributor

☐ out-of-state PAC (ID#:

BOB CARLSON

Contributor address; City; State; Zip Code

563 Elizabeth Road
SAN ANTONIO, TX 78209

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

BANK OFFICIAL

Employer (Optional)

Date

09
APR
01

Full name of contributor

☐ out-of-state PAC (ID#:

ANDRES TIJERINA

Contributor address; City; State; Zip Code

2316 Tether Trail
AUSTIN, TX 78704

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

History Professor

Employer (Optional)

Date

09
APR
01

Full name of contributor

☐ out-of-state PAC (ID#:

PATRICIA ROMO

Contributor address; City; State; Zip Code

14122 Churchill Estates #103A
SAN ANTONIO, TX 78248

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

APPRAISER

Employer (Optional)

Date

11
APR
01

Full name of contributor

☐ out-of-state PAC (ID#:

JOHNNY GABRIEL SR.

Contributor address; City; State; Zip Code

4445 Walzem Rd
SAN ANTONIO, TX 78248

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

BUSINESS OWNER

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED SCHEDULE A1
FOR FORMS FOR C/OH-SS, SC-C/OH,
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule A1:
2001 APR 26 P 12:34

2 FILER NAME

LAWRENCE G. ROMO

3 ACCOUNT # (Ethics Commission filers)

4 Date

11
Apr
01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Herb & Diane Kniese

6 Contributor address; City; State; Zip Code

2923 Hunters Stream
San Antonio TX 782017 Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

Retired

10 Employer (Optional)

Date

12
Apr
01

Full name of contributor

☐ out-of-state PAC (ID#)

John Gillis

Contributor address; City; State; Zip Code

803 S. Medina
San Antonio, TX 78207Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Business Owner

Employer (Optional)

Date

12
Apr
01

Full name of contributor

☐ out-of-state PAC (ID#)Bridge Structural & Ornamental
Iron Workers #66 Cope Fund

Contributor address; City; State; Zip Code

4318 Clark
San Antonio, TX 78223Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

16
Apr
01

Full name of contributor

☐ out-of-state PAC (ID#)

Belisario Flores

Contributor address; City; State; Zip Code

1 Towers Park Lane #803
San Antonio, TX 78209Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Retired Military

Employer (Optional)

Date

16
Apr
01

Full name of contributor

☐ out-of-state PAC (ID#)

Rodolfo Poblete

Contributor address; City; State; Zip Code

1623 Finwick Dr
San Antonio, TX 78253Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Retired Military

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

FOR C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 26 P. 2-34 Total pages this Schedule A1:

2 FILER NAME LAWRENCE G. ROMO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 16 APR 01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alex Coy	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5802 CAYUGA SAN ANTONIO, TX 78228			
9 Principal occupation (Optional) Retired		10 Employer (Optional)	
Date 16 APR 01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: IBEW #60 COPE Fund	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7205 S. W.W. White Road SAN ANTONIO, TX 78222			
Principal occupation (Optional)		Employer (Optional)	
Date 17 APR 01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTIN NALLS	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4619 Aloha DR SAN ANTONIO, TX 78219			
Principal occupation (Optional) Retired Military		Employer (Optional)	
Date 17 APR 01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ralph Bender	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8600 Wurzbach Rd Ste 801 SAN ANTONIO, TX 78240			
Principal occupation (Optional) Business Owner		Employer (Optional)	
Date 21 APR 01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gale Wilson & Sanchez	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 115 E. TRAVIS ST Ste 618 SAN ANTONIO, TX 78205			
Principal occupation (Optional) Attorneys		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED SCHEDULE A1
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 25 10:23 AM

2 FILER NAME LAWRENCE G. ROMO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 21 APR 01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LU # 142 COPE FUND	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3630 Belgium LN SAN ANTONIO, TX 78219			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 21 APR 01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anthony TERRAZAS	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6322 Sovereign St Ste 264 SAN ANTONIO, TX 78229			
Principal occupation (Optional) Retired Military		Employer (Optional)	
Date 21 APR 01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rudi Rodriguez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9323 Whisper Point SAN ANTONIO, TX 78240			
Principal occupation (Optional) Business Owner		Employer (Optional)	
Date 21 APR 01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIM Kerley	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 17187 SAN ANTONIO, TX 78217			
Principal occupation (Optional) ELECTRICIAN		Employer (Optional)	
Date 21 APR 01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Benke	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12900 OAK TERRACE SAN ANTONIO, TX 78233			
Principal occupation (Optional) ELECTRICIAN		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED SCHEDULE A1
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule A1: 34
2001 APR 26 P 12:34

2 FILER NAME

LAWRENCE G. ROMO

3 ACCOUNT # (Ethics Commission filers)

4 Date

21
APR
01

5 Full name of contributor

☐ out-of-state PAC (ID#:

Herbert E. Pounds Jr.

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

2518 Chestnut Bend
San Antonio, TX 78232

9 Principal occupation (Optional)

Attorney

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURESRECEIVED SCHEDULE F
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001

Total pages: 3
APR 26 12 34

2 FILER NAME Lawrence G. Romo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4 APR 01	5 Payee name The Gage Group	7 Amount (\$) \$ 700.00	
6 Payee address; City; State; Zip Code 7667 Callaghan #1201 SAN ANTONIO, TX 78229			
8 Purpose of payment (See instructions regarding type of information required.) Campaign Consulting		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 6 APR 01	Payee name John Reynolds	Amount (\$) \$ 500.66	
Payee address; City; State; Zip Code 8603 Timberwest SAN ANTONIO, TX 78250			
Purpose of payment (See instructions regarding type of information required.) Campaign Mailing List		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10 APR 01	Payee name The Reporter	Amount (\$) \$ 175.50	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.) Campaign Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12 APR 01	Payee name SAN ANTONIO Express-News	Amount (\$) \$ 319.15	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.) Campaign Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
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POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 26 12:34 PM
Total Pages: 34 Schedule F:

2 FILER NAME Lawrence G. Romo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 13 APR 01	5 Payee name PC Mailing Services, Inc. 6 Payee address; City; State; Zip Code 10711 Hillpoint SAN Antonio, TX 78217	7 Amount (\$) \$922.50	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Mailer (Postage)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 13 APR 01	Payee name Ideas Unlimited Payee address; City; State; Zip Code 5213 BANDERA ROAD SAN Antonio, TX 78238	Amount (\$) \$568.92	
Purpose of payment (See instructions regarding type of information required.) (Print) Campaign Mailer Piece		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 15 APR 01	Payee name John Reynolds Payee address; City; State; Zip Code 8603 Timberwest SAN Antonio, TX 78250	Amount (\$) \$350.00	
Purpose of payment (See instructions regarding type of information required.) Campaign Mailing List		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 17 APR 01	Payee name PC Mailing Services, Inc. Payee address; City; State; Zip Code 10711 Hillpoint SAN Antonio, TX 78217	Amount (\$) \$148.60	
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MAILER (Postage)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
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POLITICAL EXPENDITURES

SCHEDULE F
RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F:
 2001 APR 26 P 12: 34

2 FILER NAME

Lawrence G. Rono

3 ACCOUNT # (Ethics Commission filers)**4 Date**20
APR
01**5 Payee name**

Ideas Unlimited

6 Payee address; City; State; Zip Code5213 Bandera Road
San Antonio, TX 78238**7 Amount (\$)**

\$869.54

8 Purpose of payment (See instructions regarding type of information required.)

(Print)

Campaign Mailer Piece

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date20
APR
01**Payee name**

PC Marketing Services, Inc.

Payee address; City; State; Zip Code10711 Hillpoint
San Antonio, TX 78212**Amount (\$)**

\$940.28

Purpose of payment (See instructions regarding type of information required.)

Campaign Mailer (Postage)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date**Payee name****Payee address; City; State; Zip Code****Amount (\$)****Purpose of payment** (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date**Payee name****Payee address; City; State; Zip Code****Amount (\$)****Purpose of payment** (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI MR Lawrence			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Rond				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2906 Wood Knoll San Antonio, TX 78251			Date Received	
				Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr Johnny			Receipt # Amount	
	NICKNAME LAST SUFFIX Reyes JR			Date Processed	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7585 Ingram Road # 308, San Antonio, TX 78251			Date Imaged	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 681-0080				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 01 04 / 02 / 01				
10 ELECTION	ELECTION DATE Month Day Year 05 / 05 / 01		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) City Council, District # 6		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. -- Name Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

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CITY CLERK
2001 APR - 4 A 10:32


POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

12
JAN
01

5 Full name of contributor

☐ out-of-state PAC (ID#:

Bobby Rowallec

6 Contributor address; City; State; Zip Code

2709 13th St
Brooks AFB, TX 78235

7 Amount of
contribution (\$)

\$30.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

Retired

10 Employer (Optional)

Date

12
JAN
01

Full name of contributor

☐ out-of-state PAC (ID#:

David P. Martin

Contributor address; City; State; Zip Code

558 Hermine Blvd
San Antonio, TX 78212

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Stock Broker

Employer (Optional)

Date

12
JAN
01

Full name of contributor

☐ out-of-state PAC (ID#:

Rudi Rodriguez

Contributor address; City; State; Zip Code

10000 W Commerce
San Antonio, TX 78227

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Business Owner

Employer (Optional)

EPF

Date

12
JAN
01

Full name of contributor

☐ out-of-state PAC (ID#:

Arleta Betty Jameson

Contributor address; City; State; Zip Code

7100 Valburn
Austin, TX 78731

Amount of
contribution (\$)

\$15.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Retired Military

Employer (Optional)

Date

12
JAN
01

Full name of contributor

☐ out-of-state PAC (ID#:

Andre & Toni Mitchell

Contributor address; City; State; Zip Code

9878 Misty Plain Dr
San Antonio, TX 78245

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Military

Employer (Optional)

Kelly AFB

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1:	
2 FILER NAME <i>Lawrence G. Romo</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>16 JAN 01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Christine Saalbach</i>		7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable) <i>RECEIVED OFFICE OF SAN ANTONIO CITY CLERK APR - 11</i>	
6 Contributor address; City; State; Zip Code <i>2622 Mushroom Trail San Antonio, TX 78231</i>					
9 Principal occupation (Optional) <i>USAF Civil Service</i>			10 Employer (Optional) <i>Randolph AFB</i>		
Date <i>16 JAN 01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cosme Barcelo</i>		Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>7934 Herben Circle SAN ANTONIO, TX 78251</i>					
Principal occupation (Optional) <i>Military Retired</i>			Employer (Optional)		
Date <i>16 JAN 01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Luz Escamilla</i>		Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>235 Yolanda SAN ANTONIO, TX 78228</i>					
Principal occupation (Optional) <i>Retired</i>			Employer (Optional)		
Date <i>16 JAN 01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Orlando & Lolie Cisneros</i>		Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>443 Merry Ann SAN ANTONIO, TX 78223</i>					
Principal occupation (Optional) <i>Retired</i>			Employer (Optional)		
Date <i>16 JAN 01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jessie Jamie Gonzales</i>		Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>9910 Cinnamon Circle SAN ANTONIO, TX 78251</i>					
Principal occupation (Optional) <i>Retired Military</i>			Employer (Optional)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

16
JAN
01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Ralph Pena

6 Contributor address; City; State; Zip Code

324 Quentin
San Antonio, TX 78201

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

Civil Service Retired

10 Employer (Optional)

Date

16
JAN
01

Full name of contributor

☐ out-of-state PAC (ID#)

Small Cash Donations (Announcement)

Contributor address; City; State; Zip Code

8530 Culebra Rd
San Antonio, TX 78251

Amount of
contribution (\$)

\$53.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

26
JAN
01

Full name of contributor

☐ out-of-state PAC (ID#)

Ernesto Hernandez

Contributor address; City; State; Zip Code

7343 Rouven Trail
San Antonio, TX 78244

Amount of
contribution (\$)

\$35.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Military

Employer (Optional)

Randolph AFB

Date

26
JAN
01

Full name of contributor

☐ out-of-state PAC (ID#)

Dick & Pam Duesing

Contributor address; City; State; Zip Code

12539 Elm Manor
San Antonio, TX 78230

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Airline Pilot

Employer (Optional)

Delta Airlines

Date

26
JAN
01

Full name of contributor

☐ out-of-state PAC (ID#)

Gale Wilson & Sanchez (Woody)

Contributor address; City; State; Zip Code

115 E. Travis St Ste 618
San Antonio, TX 78205

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Attorneys

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

LAWRENCE G. ROND

3 ACCOUNT # (Ethics Commission filers)

4 Date

26
JAN
01

5 Full name of contributor

☐ out-of-state PAC (ID#:

SIMON P. BENAVIDES

6 Contributor address; City; State; Zip Code

4018 ROCK SPRINGS
KINGSWOOD TX 77345

7 Amount of
contribution (\$)

\$40.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

USAF Reserves

10 Employer (Optional)

Date

05
Feb
01

Full name of contributor

☐ out-of-state PAC (ID#:

Fund Raiser Deposit

Contributor address; City; State; Zip Code

Aldaco's
Sunset Depot San Antonio TX

Amount of
contribution (\$)

\$139.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05
Feb
01

Full name of contributor

☐ out-of-state PAC (ID#:

Mike Duc

Contributor address; City; State; Zip Code

117 Chaparral Circle
Cibola, TX 78108

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Airline Pilot

Employer (Optional)

Southwest Airlines

Date

02
Feb
01

Full name of contributor

☐ out-of-state PAC (ID#:

Pamela Magott

Contributor address; City; State; Zip Code

13402 Langtry
San Antonio, TX 78246

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

07
Feb
01

Full name of contributor

☐ out-of-state PAC (ID#:

Daniel Pozza

Contributor address; City; State; Zip Code

19107 Autumn Circle
San Antonio, TX 78258

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

STUDENT

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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2001 JAN - 11 A 10:30



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

7
Feb
01

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mary Louise Romo

6 Contributor address; City; State; Zip Code

422 Juniper
San Antonio, Texas 782237 Amount of
contribution (\$)

\$150.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

Retired

10 Employer (Optional)

Date

12
Feb
01

Full name of contributor

☐ out-of-state PAC (ID#:

Patrick Romo

Contributor address; City; State; Zip Code

14122 Churchill Estates #103A
San Antonio, Texas 78248Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Appraiser

Employer (Optional)

Date

12
Feb
01

Full name of contributor

☐ out-of-state PAC (ID#:

Aurora Stalp

Contributor address; City; State; Zip Code

721 NAS Drive
Corpus Christi, Texas 78148Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Retired Civil Service

Employer (Optional)

Date

23
Feb
01

Full name of contributor

☐ out-of-state PAC (ID#:

Tim & Lorraine Taylor

Contributor address; City; State; Zip Code

3125 San Luis Dr
Colo Spgs CO 80909Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Airline Pilot

Employer (Optional)

United

Date

23
Feb
01

Full name of contributor

☐ out-of-state PAC (ID#:

Ray Wainner

Contributor address; City; State; Zip Code

8414 Pericles Dr
Universal City, Texas 78148Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

USAA TRAINING

Employer (Optional)

USAA

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

26
Feb
01

5 Full name of contributor

☐ out-of-state PAC (ID#:

John Tosh

6 Contributor address; City; State; Zip Code

307 E. Vestal
San Antonio, Texas 782217 Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

Retired / Retired Military Reserves

10 Employer (Optional)

Date

28
Feb
01

Full name of contributor

Alice Klein

Contributor address; City; State; Zip Code

3007 Boquillas
San Antonio, Texas 78233Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

28
Feb
01

Full name of contributor

Nancy Gilbertson

Contributor address; City; State; Zip Code

9902 Rambler River
San Antonio, Texas 78251Amount of
contribution (\$)

\$1000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Military Spouse

Employer (Optional)

Date

28
Feb
01

Full name of contributor

PATRICK ROMO

Contributor address; City; State; Zip Code

14122 Churchill Estates Blvd
San Antonio, TX 78248

#103A

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Appraiser

Employer (Optional)

Date

02
Mar
01

Full name of contributor

OSCAR KAZEN

Contributor address; City; State; Zip Code

401 Jack White
San Antonio, Texas 78205Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Attorney

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

02
Mar
01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Rudi Rodriguez

6 Contributor address; City; State; Zip Code

10000 W Commerce
San Antonio, Texas 78227

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

Business Owner

10 Employer (Optional)

EPI

Date

05
Mar
01

Full name of contributor

☐ out-of-state PAC (ID#)

Paul Martinez

Contributor address; City; State; Zip Code

7111 Westlyn Dr
San Antonio, Texas 78227

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Inspector

Employer (Optional)

Northwest Vista

Date

05
Mar
01

Full name of contributor

☐ out-of-state PAC (ID#)

David & Rosa Duke

Contributor address; City; State; Zip Code

415 Cherry Ridgest
San Antonio, Texas 78213

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Professor

Employer (Optional)

Our Lady of the Lake University

Date

05
Mar
01

Full name of contributor

☐ out-of-state PAC (ID#)

Fundarmen Deposit

Contributor address; City; State; Zip Code

7111 Westlyn Dr
San Antonio, Texas 78227

Amount of
contribution (\$)

\$60.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12
Mar
01

Full name of contributor

☐ out-of-state PAC (ID#)

Woody Wilson

Contributor address; City; State; Zip Code

115 E. TRAVIS St Ste 616
San Antonio, TX 78205

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Attorney

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission files)

4 Date

12
MAR
01

5 Full name of contributor

Bob Mason

☐ out of state PAC7 Amount of
contribution (\$)

\$30.00

8 In-kind contribution
description (if applicable)

6 Contributor address: City: State: Zip Code

6921 Blanco Rd
San Antonio, TX 78216

9 Principal occupation

Refined Military

10 Employer (optional)

Date

13
MAR
01

Full name of contributor

Kent Pam Eberhardt

☐ out of state PACAmount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

8019 Hilltop Crest
San Antonio, TX 78251

Principal occupation

Teacher

Employer (optional)

Date

13
MAR
01

Full name of contributor

Ross Miles

☐ out of state PACAmount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

13310 Langtry St
San Antonio, TX 78248

Principal occupation

Employer (optional)

Date

20
MAR
01

Full name of contributor

John Gillis

☐ out of state PACAmount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

803 S Medina
San Antonio, TX 78207

Principal occupation

Employer (optional)

Date

21
MAR
01

Full name of contributor

Claus Heide

☐ out of state PACAmount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

3126 Manila Dr
San Antonio, TX 78212

Principal occupation

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission files)

4 Date

21
MAR
01

5 Full name of contributor

Bernard Buecker

☐ out of state PAC7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description(if applicable)

6 Contributor address: City: State: Zip Code

2201 Tower Life Bldg
310 S. ST MARY'S SAN ANTONIO TX 78205

9 Principal occupation

Attorney

10 Employer (optional)

Date

26
MAR
01

Full name of contributor

Randy Sheppard

☐ out of state PACAmount of
contribution (\$)

\$200.00

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

PO Box 457
Del Rio TX 78840

Principal occupation

Business Owner

Employer (optional)

Date

26
MAR
01

Full name of contributor

Mary + Jose Romo

☐ out of state PACAmount of
contribution (\$)

\$1,000.00

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

442 Juniper
San Antonio, TX 78223

Principal occupation

Retired

Employer (optional)

Date

29
MAR
01

Full name of contributor

Al Rohde, Jr.

☐ out of state PACAmount of
contribution (\$)

\$150.00

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

9510 La Rue
San Antonio, TX 78217

Principal occupation

Retired (Real Estate)

Employer (optional)

Date

29
MAR
01

Full name of contributor

Dr Neil + Phyllis Bowie

☐ out of state PACAmount of
contribution (\$)

\$50.00

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

5800 Vance Jackson
San Antonio, TX 78230

Principal occupation

Doctors

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Lawrence G. Romo</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>29 Mar 01</i>	5 Full name of contributor <i>Rex EVANS</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>8061 Culebra San Antonio, TX 78251</i>			
9 Principal occupation <i>Business Owner</i>		10 Employer (optional)	
Date <i>30 MAR 01</i>	Full name of contributor <i>LOUIS & AURORA GONZALES</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>4942 Old Fountain Blvd Colorado Spgs, CO 80916</i>			
Principal occupation <i>Retired Military</i>		Employer (optional)	
Date <i>2 Apr 01</i>	Full name of contributor <i>Robert M. Escobedo</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>10607 BURROAK San Antonio, TX 78230</i>			
Principal occupation <i>Promotions Manager</i>		Employer (optional)	
Date <i>2 Apr 01</i>	Full name of contributor <i>Ralph Pena</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>324 QUENTIN San Antonio, TX 78201</i>			
Principal occupation <i>Civil Service Retired</i>		Employer (optional)	
Date <i>2 Apr 01</i>	Full name of contributor <i>Barbecue Fundraiser</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$765.50</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>3450 Dove Park Lane San Antonio, TX 78253</i>			
Principal occupation		Employer (optional)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule E:	
2 FILER NAME <i>Lawrence G. Romo</i>				3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$					
5 Date of loan <i>12 Feb 01</i>		7 Name of lender <input type="checkbox"/> out of state PAC <i>Lawrence G. Romo</i>			9 Loan Amount (\$) <i>\$233.00</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N		8 Lender address: City: State: Zip Code <i>2906 Wood Knoll San Antonio, TX 78251</i>			10 Interest rate
					11 Maturity date
12 Description of Collateral <input checked="" type="checkbox"/> none					
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		14 Name of guarantor <i>N/A</i>			16 Amount Guaranteed (\$) —
		15 Guarantor address: City: State: Zip Code			
17 Principal Occupation			18 Employer		
Date of loan <i>23 Feb 01</i>		Name of lender <input type="checkbox"/> out of state PAC <i>Lawrence G. Romo</i>			Loan Amount (\$) <i>\$ 200.00</i>
Is lender a financial institution? Y <input checked="" type="radio"/> N		Lender address: City: State: Zip Code <i>2906 Wood Knoll San Antonio, Texas 78251</i>			Interest rate
					Maturity date
Description of Collateral <input checked="" type="checkbox"/> none					
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor <i>N/A</i>			Amount Guaranteed (\$) —
		Guarantor address: City: State: Zip Code			
Principal Occupation			Employer		

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

LAWRENCE G. ROMO

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

16 MAR 01

7 Name of lender

LAWRENCE G. ROMO

☐ out of state PAC

9 Loan Amount (\$)

\$525.00

6 Is lender a financial institution?

Y

(N)

8 Lender address: City: State: Zip Code

2906 WoodKnoll
SAN ANTONIO, TX 78251

10 Interest rate

11 Maturity date

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

☐ not applicable

14 Name of guarantor

N/A

16 Amount Guaranteed (\$)

15 Guarantor address: City: State: Zip Code

17 Principal Occupation

22 MAR 01 M

18 Employer

Date of loan

22 MAR 01

Name of lender

LAWRENCE G. ROMO

☐ out of state PAC

Loan Amount (\$)

\$ 324.12

Is lender a financial institution?

Y

(N)

Lender address: City: State: Zip Code

2906 WoodKnoll
SAN ANTONIO, TX 78251

Interest rate

Maturity date

Description of Collateral

☒ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

N/A

Amount Guaranteed (\$)

Guarantor address: City: State: Zip Code

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES**SCHEDULE F**

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The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -4 A 10:31

1 Total pages Schedule F:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

1
JAN
01

5 Payee name

Angela Fernandez

6 Payee address: City: State: Zip Code

8439 Timber Bridge
San Antonio, Texas 782517 Amount
(\$)

\$210.00

8 Purpose of expenditure

Block Walking

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

8
JAN
01

Payee name

VFW Post 8910

Payee address: City: State: Zip Code

8373 Culebra
San Antonio, Texas 78251Amount
(\$)

\$200.00

Purpose of expenditure

Campaign Announcement
Location Rental-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

12
JAN
01

Payee name

Albertson's

Payee address: City: State: Zip Code

8764 Hwy 151
San Antonio, Texas 78251Amount
(\$)

\$130.00

Purpose of expenditure

Campaign Announcement
Refreshments-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

13
JAN
01

Payee name

The GAGE GROUP

Payee address: City: State: Zip Code

7667 Callaghan #1201
San Antonio, Texas 78229Amount
(\$)

\$1300.00

Purpose of expenditure

Political Consulting

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

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POLITICAL EXPENDITURES**SCHEDULE F**RECEIVED
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The Instruction Guide explains how to complete this form.

2001 APR -4 A 10:31

Total pages Schedule F:

2 FILER NAME

Lawrence G. Rondo

3 ACCOUNT # (Ethics Commission files)**4 Date**19
JAN
01**5 Payee name**

Ideas Unlimited

6 Payee address: City: State: Zip Code5213 Bandera Rd
San Antonio, Texas 78238**7 Amount (\$)**

\$230.59

8 Purpose of expenditure

Campaign Cards

9 - Complete if direct expenditure to benefit C/OH -

Candidate / Officerholder name

Office sought / held

Date2
Feb
01**Payee name**

Aldaco's Mexican Cuisine

Payee address: City: State: Zip Code100 Hoefgen DR
San Antonio, Texas 78203**Amount (\$)**

\$562.01

Purpose of expenditure

Campaign Support Dinner

- Complete if direct expenditure to benefit C/OH -

Candidate / Officerholder name

Office sought / held

Date8
Feb
01**Payee name**

Ideas Unlimited

Payee address: City: State: Zip Code5213 Bandera Rd
San Antonio, Texas 78238**Amount (\$)**

\$1,405.61

Purpose of expenditure

Campaign Cards

- Complete if direct expenditure to benefit C/OH -

Candidate / Officerholder name

Office sought / held

Date19
Feb
01**Payee name**

John Reynolds

Payee address: City: State: Zip Code8603 Timberwest
San Antonio TX 78250**Amount (\$)**

\$500.00

Purpose of expenditure

Campaign Meeting List

- Complete if direct expenditure to benefit C/OH -

Candidate / Officerholder name

Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

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The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Lawrence G. Rondo

2001 APR -4 A 10:31

3 ACCOUNT # (Ethics Commission files)

4 Date

19
Feb
01

5 Payee name

The Gage Group

7 Amount
(\$)

\$ 300.00

6 Payee address: City: State: Zip Code

7667 Callaghan #1201
San Antonio, TX 78229

8 Purpose of expenditure

Campaign Consulting

9 = Complete if direct expenditure to benefit C/OH =
Candidate / Officerholder name

Office sought / held

Date

26
Feb
01

Payee name

PC Mailing Services, Inc.

Amount
(\$)

\$ 1289.22

Payee address: City: State: Zip Code

10711 Hillpoint
San Antonio, Texas 78217

Purpose of expenditure

Mailer (Campaign) Postage

= Complete if direct expenditure to benefit C/OH =
Candidate / Officerholder name

Office sought / held

Date

02
MAR
01

Payee name

The Gage Group

Amount
(\$)

\$ 300.00

Payee address: City: State: Zip Code

7667 Callaghan #1201
San Antonio, TX 78229

Purpose of expenditure

Campaign Consulting

= Complete if direct expenditure to benefit C/OH =
Candidate / Officerholder name

Office sought / held

Date

7
MAR
01

Payee name

Ideas Unlimited

Amount
(\$)

\$ 16.54

Payee address: City: State: Zip Code

5213 Bandera Road
San Antonio, Texas 78238

Purpose of expenditure

(Print)
Campaign Mailer Piece= Complete if direct expenditure to benefit C/OH =
Candidate / Officerholder name

Office sought / held

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POLITICAL EXPENDITURES**SCHEDULE F**

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

2001 APR -11 A 10:32

3 ACCOUNT # (Ethics Commission filers)

Lawrence G. Rond

4 Date

5 Payee name

6

Amount

(\$)

19
MAR
01

The Gage Group

6 Payee address: City: State: Zip Code

7667 Callaghan #1201
SAN ANTONIO, TEXAS 78229

\$700.00

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Campaign Consulting

Date

Payee name

Amount

(\$)

19
MAR
01

Ideas Unlimited

Payee address: City: State: Zip Code

5213 Bondana Road
SAN ANTONIO, TX 78238

\$714.38

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Campaign Mailer Piece (Printing)

Date

Payee name

Amount

(\$)

23
MAR
01

PC Mailing

Payee address: City: State: Zip Code

10711 Hillpoint
SAN ANTONIO, TEXAS 78213

\$933.68

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount

(\$)

Payee address: City: State: Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

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Total pages Schedule G: 1

2 FILER NAME

Lawrence G. Romo

2001 APR -4 A

10: ACCOUNT # (Ethics Commission files)

4 Date

20
Feb
01

5 Payee name

ISPS

6 Payee address: City: State: Zip Code

Wainwright Station
San Antonio, Texas 78208

7 Purpose of expenditure

Postage stamps

8 Amount (\$)

\$6.80

☐ Reimbursement from political contributions intended

Date

21
Feb
01

Payee name

Ideas Unlimited

Payee address: City: State: Zip Code

5213 Banderita Road
San Antonio, Texas 78238

Purpose of expenditure

Campaign Cards

Amount (\$)

\$193.95

☐ Reimbursement from political contributions intended

Date

05
MAR
01

Payee name

The Home Depot

Payee address: City: State: Zip Code

520 FAIR AVE
SAN ANTONIO, TEXAS 78223

Purpose of expenditure

Campaign Sign Hardware

Amount (\$)

\$17.35

☐ Reimbursement from political contributions intended

Date

22
MAR
01

Payee name

Ideas Unlimited

Payee address: City: State: Zip Code

5213 Banderita Road
SAN ANTONIO, TEXAS 78238

Purpose of expenditure

Campaign Cards

Amount (\$)

\$193.95

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address:

City: State: Zip Code

Purpose of expenditure

Amount (\$)

☐ Reimbursement from political contributions intended

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